



Queen Anne's County Environmental Health

206 N. Commerce St, Centreville, MD 21617
Phone: (410) 758-2281 Fax: (410) 758-6602

APPLICATION FOR ANNUAL PERMIT TO OPERATE A FOOD SERVICE FACILITY

Facility Name: _____ **Facility Phone:** _____

Mailing Address: _____

Physical Address: _____

Owner's Name: _____ **Owner's Phone:** _____

Owner's Address: _____

Owner's E-mail: _____

Days and Hours of Operation: _____

Check Applicable:

Seating: ☐ Yes ☐ No **If yes, number of seats:** _____

Water Supply: ☐ Public ☐ Private/Treated ☐ Private/Untreated

Sewer: ☐ Public ☐ Private (Septic System)

Grease Trap: ☐ Yes ☐ No **If yes, size (in gallons):** _____

SIGNATURE OF APPLICANT: _____ **TITLE:** _____

ANNUAL FEE: \$ _____ **Annual fees must accompany each application. Make checks payable to: *Queen Anne's County Department of Health.***

OFFICE USE ONLY:

Date Fee Received: _____

QA license # _____

Amount Received: _____

date permit issued: _____



Queen Anne's County Department of Health Environmental Health

Food Service Fees

Effective October 1st, 2008, the fee schedule is as follows:

- | | |
|-----------------------------------|------------|
| 1. Temporary Permit Fee | - \$15.00 |
| 2. Low priority, annual | - \$100.00 |
| 3. Moderate priority, annual | - \$200.00 |
| 4. High priority | - \$250.00 |
| 5. Non-profit organizations | - \$ 0.00 |
| 6. Plan review fee | - \$ 0.00 |
| 7. Remodel and re-inspection fees | - \$ 0.00 |

*** An explanation of the fee categories:**

1. Temporary Permit: \$15.00

Includes any food vendor operating from a fixed location for a temporary period of 14 consecutive days or less. Example QA Co. fair vendors.

2. Low Priority, Annual: \$100.00

Includes serving/selling of commercially packaged potentially hazardous foods and non-potentially hazardous food that is cut, assembled, or packaged on the premises, such as candy, popcorn, and baked goods; or hand dipped ice-cream. (Examples: Dollar General, Family Dollar, Rite Aid)

3. Moderate Priority, Annual: \$200.00

Includes serving/selling of potentially hazardous foods that is prepared using methods that require the food to pass through the temperature range of 41°F - 135°F not more than one time before service, such as cooking, hot holding, and then serving; or potentially hazardous food that is cut, assembled, or packaged on the premises, such as meats. (Examples: Grocery stores, most fast-food chain facilities)

4. High Priority, Annual: \$250.00

Includes facilities such as health care facilities or facilities that serve/sell potentially hazardous food that is prepared a day or more in advance of service; or facility uses food preparation methods that require the food to pass through the temperature range of 41°F - 135°F two or more times before service, such as cooking, cooling, and then reheating. (Examples: Nursing homes, full service restaurants, certain fast food facilities)

5. NO FEE:

- Facilities also license as a wholesaler by the State Division of Food Control.
- Bona fide non-profit organizations (church, fire hall, legions, etc.)
- Plan reviews for new or remodeled facilities.
- Assisted living facilities with 17 beds or less.

State of Maryland
Department of Health and Mental Hygiene
Larry Hogan, Governor Van T Mitchell, Secretary

Office of Food Protection and Consumer Health Services
Alan L. Taylor, Director

Statement of Compliance with Worker's Compensation Act

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit may be issued under the Health-General Article, the employer must file a certificate of compliance listing a worker's compensation insurance policy or binder number. Every employer who has employees anywhere in the United States, any United States Territory or United States possession, even if there are no employees in Maryland, must provide this information. This statement of compliance is based on the worker's compensation law applicable in the state in which the licensee is based.

1. I have workers' compensation insurance:

Insurance company name: _____

Policy or Binder number: _____

2. A waiver has been received from the Worker's Compensation Commission. (Attach copy of waiver)

3. As provided, I am exempt from having worker's compensation insurance.

(Attach copy of Certificate of Compliance)

4. I am self-insured. Approval of self-insurance has been received from Worker's Compensation Commission.

(Attach a copy of the Certification of Compliance)

5. I am self-employed. I have no employees.

Circle the number of the option above which applies to you, provide the requested information, sign and date the form below and return it with the application.

Signature

Date

Company name

Title

Company Address

Food Service Permit

Type of License

FOR OFFICE USE ONLY

New permit/license ____ Approved ____ Denied ____ Hold ____

Reason _____

By _____ Date: _____

Emergency Contact Information

Please complete the information below. Return the completed form along with your food service application to Queen Anne's County Department of Health, Environmental Health.

Facility Name: _____ **Facility Phone #:** _____

Facility Fax #: _____ **Facility Email:** _____

Owner's Name: _____ **Owner's Email:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip code:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip code:** _____

Contact Person 1: _____ **Title:** _____

Phone #: _____ **Cell #:** _____

Contact Person 2: _____ **Title:** _____

Phone #: _____ **Cell #:** _____

	Vendor/Supplier Name	Phone Number	Fax Number	Contact Person
1				
2				
3				
4				
5				